



Alliance OB GYN - Information for Patients on Choices for Management of Early Pregnancy Loss

Please accept our sympathy for your recent miscarriage. We hope the following information helps you decide what happens next easier for you. One way or another, the uterus must become empty again. After that, you can try again for pregnancy or start birth control. There are three options you can choose from - watchful waiting, taking a medication or having a procedure. They each have their advantages and disadvantages. Please remember that this decision is not an emergency. Take your time, ask questions, wait until you feel good about your choice. We are here to help in any way we can.

Watchful Waiting - Expectant Management

We will wait until your body starts to pass the miscarriage on its own, which can take up to 8 weeks to happen. You will begin to bleed and experience cramping. We will provide you with pain medication to help with the cramping. The bleeding can be heavy and will include passing clots and tissue. If you are soaking 1 pad every half-hour for 2 hours, you will need to go to the emergency room.

Call us after you think the miscarriage has passed. We will do an ultrasound to be certain and follow weekly blood levels of the pregnancy hormone beta HCG.

Pros: most natural and usually successful (80%)

Cons: uncertainty about "when it will happen" and small chance of incomplete emptying and needing to have a procedure or take medication

Taking a Medication - Medical Management

You will take medication called Cytotec to start the miscarriage process at home. Things then proceed like a natural miscarriage. You will begin to bleed and start cramping. We will provide you with pain medication to help with the cramping. The bleeding can be heavy and will include passing clots and tissue. If you are soaking 1 pad every half-hour for 2 hours, you would need to go to the emergency room.

Call us after you think the miscarriage has passed. We will do an ultrasound to be certain and follow weekly blood levels of the pregnancy hormone beta HCG.

Pros: can be scheduled and usually successful (81-93%)

Con: small chance of incomplete emptying and needing to have a procedure

Procedure - Surgical Management

There are two different procedures which involve the cervix being dilated, a tube passed into the uterus and suction used to empty the uterus. You and your doctor will decide which procedure is best for you. After the procedure you will go home with pain medication and have some minor cramping and light bleeding.

Pros: "gets it over with" at a scheduled time, less worry about what will happen at home, is 99% successful

Cons: It is more invasive. Risks are low but include perforation of the uterus, damage to other organs, scar tissue in uterus (making future pregnancy difficult), chance for incomplete removal of miscarriage.

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